

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082351

Entity Name: SOLOMONBEACH LLC

FILED
Aug 25, 2006
Secretary of State

Current Principal Place of Business:

1055 FOX CREEK DR.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1055 FOX CREEK DR.
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 16-1730685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BEACHY, REUBEN
1055 FOX CREEK DR.
SARASOTA, FL 34240 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEACHY, REUBEN
Address: 1055 FOX CREEK DR.
City-St-Zip: SARASOTA, FL 34240

Title: MGRM () Delete
Name: SOLOMON, TIM
Address: 9011 MIDNIGHT PASS ROAD # 328
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: BEACHY, ROSEMARY
Address: 1055 FOX CREEK DR.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROSEMARY BEACHY

MGRM

08/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date